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Federal University of Rio de Janeiro State

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## RESEARCH

### A percepção do indígena xerente sobre a hipertensão arterial sistêmica, no Tocantins

The perception of xerente indigenous about systemic arterial hypertension, in Tocantins

La percepción de lo indígena xerente acerca de la hipertensión arterial sistémica, en Tocantins.

Karoline Nunes Rodrigues <sup>1</sup>, Nayane de Sousa Silva Santos <sup>2</sup>

#### ABSTRACT

**Objective:** The study aimed to understand the perception of Xerente people about systemic arterial hypertension (SAH). **Method:** Field research with qualitative ethnography approach, with 29 hypertensive Xerente indigenous. **Results:** Based on data, it resulted in two categories: "High blood pressure by the perception of indigenous" and "The meaning of food for indigenous". **Conclusion:** the emergence of SAH for Xerente people is recent and it is related to changes in lifestyle. Despite not knowing how to conceptualize the disease, indigenous related about symptoms and changes that they noticed in their body. It is necessary that health professionals act with sensibility and being open to listening and knowledge exchange, in order to attend indigenous people needs and respect their cultural values. **Descriptors:** Hypertension, Indigenous health, Nursing.

#### RESUMO

**Objetivo:** o estudo objetivou compreender a percepção do povo Xerente sobre a Hipertensão Arterial Sistêmica (HAS). **Método:** pesquisa de campo com abordagem qualitativa, etnográfica, com 29 indígenas hipertensos Xerente. **Resultados:** com base nos dados obtidos, resultou-se em duas categorias: "A pressão alta na percepção dos indígenas" e "O significado da alimentação para os indígenas". **Conclusão:** o surgimento da HAS para o povo Xerente é recente e está relacionado à mudança no estilo de vida que ocasiona medo e ansiedade diante do desconhecido. Faz-se necessário que os profissionais de saúde atuem com sensibilidade e abertura para a escuta e trocas de saberes, de forma que atendam as necessidades dos indígenas e respeitem os seus valores culturais. **Descritores:** Hipertensão, Saúde indígena, Enfermagem.

#### RESUMEN

**Objetivo:** El estudio objetivó entender la percepción del pueblo Xerente acerca de la Hipertensión Arterial Sistémica (HAS). **Método:** Investigación de campo con abordaje cualitativa, etnográfica, con 29 indígenas Xerente hipertensos. **Resultados:** Basado en los datos obtenidos resultó en dos categorías: "La presión alta según la percepción de los indígenas" y "El significado de la alimentación para los indígenas". **Conclusión:** la aparición de la HAS para el pueblo Xerente es reciente y se relaciona con el cambio en el estilo de vida. A pesar de no saber conceptualizar la enfermedad, los indígenas informaron acerca de los síntomas y los cambios percibidos en su cuerpo. Se hace necesario que los profesionales de la salud actúan con sensibilidad y apertura para la escucha y el intercambio de conocimientos, con el fin de atender las necesidades de los indígenas y respetar sus valores culturales. **Descriptor:** Hipertensión, Salud indígena, Enfermería.

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## INTRODUCTION

**T**he current Indigenous health is a reflection of decades of neglect, as this population did not represent a priority for the Unified Health System (SUS), only after years of struggle is that emphasized the theme <sup>1</sup>. It is remarkable that no indigenous health represent a priority for the NHS in its original form (1988), only from the year 1999 was given greater attention to indigenous health through the creation of the subsystem of Attention to Indigenous Health in the SUS <sup>2</sup>.

Historically, indigenous people have lower health status than the non-indigenous population, which requires greater investments in a set of social policies <sup>1</sup>. In this context, there is the National Policy for Health Care of Indigenous Peoples which aims to ensure access to comprehensive care, based on the principles and guidelines of SUS. The purpose of this policy is to help overcome the factors that make it more vulnerable to health problems population, with a focus on social, cultural, historical and policy of these peoples <sup>3</sup>.

It is observed that the epidemiological scenario of Brazil's indigenous population has been undergoing a rapid period of transformation among the mortality causes worth mentioning Chronic Diseases non-communicable diseases (CNCD), due to interaction with non-indigenous society, which caused changes in the health-disease <sup>1</sup>.

Systemic arterial hypertension (SAH) is considered a major public health problem, besides being one of the main risk factors for cardiovascular diseases<sup>4</sup>. As a result, hypertension in indigenous populations is directly related to the rapid process of epidemiological and nutritional transition, which led to changes in the lives of indigenous <sup>5</sup>.

This study focused on the Xerente indigenous population, speaker of the Akwe language, belonging to the linguistic family Ge, who resides in Indigenous Lands: Xerente and Hopper, located between Rio Tocantins and Rio Sono, in the municipality of Tocantínia in the state of Tocantins. The Indian reservation in screen consists of 3.084 Indians, which are distributed in 68 villages. It is emphasized that this proximity favored the contact with non-Indians, which led to changes in social, political, economic and cultural <sup>6</sup>.

One can show that social interaction with urban life, greatly affected the lifestyle of the people Xerente, which brought impact to the current indigenous health, characterized by the emergence of NCDs, especially SH <sup>5</sup>.

Based on the current situation of indigenous health and the emergence of NCDs, specifically hypertension, it takes on the agenda the question: What is the perception of the indigenous Xerente of the emergence of Hypertension?

Note that there are few studies that bring the speech of the Indian about this disease process, as well as hypertension in these people. Upon approaching the indigenous reality

health professionals now have subsidies for humanized care, integrated and with respect for cultural diversity. The objective to understand the perception of Xerente people on Hypertension.

## METHOD

### Type of study

Field research with qualitative, ethnographic approach, with 29 hypertensive indigenous Xerente.

### Search location

The sites chosen to develop the research were: Village Funnel, Heels and Porteira belonging to Indigenous Lands: Xerente and Hopper, located in the municipality of Tocantínia, given that these villages have a greater number of Indians and those closest to the center of the city.

### Population

Indigenous population Xerente, with which it was possible to obtain direct contact to collect relevant information to the subject. Inclusion criteria: Xerente Indians of both sexes were included all hypertensive Indians registered in the Special Indigenous Sanitary District (DSEI) - Polo-base Indigenous Health Tocantínia belonging to the villages Funnel, Heels and Gate.

Exclusion criteria: hypertensive women and unmarried men with indigenous Indians, for the research sought to study the HAS in the Xerente indigenous native people. As well as those under 20 years, since it was focus of research of the adult indigenous population.

### Data collection

Data collection took place during seven months, from November 2013 to May 2014. Before starting data collection in the villages had up access to DSEI data - Polo Indigenous Health Base Tocantínia referring to registered hypertensive as well as the hypertensive Tracking Sheet, where the information consisted of anthropometric measurements of the natives. As collection technique used the participant observation, semi-structured interview and the conversation wheel, registered in the field diary.

Participant observation was present at all data collection times and allowed to know how they live Xerente in the villages. So happened in visits to the villages at the time of the interviews, the wheels of conversation, so that was present from entering the villages to return the city.



Interviews were conducted in the house of each Indian hypertension who met the inclusion / exclusion of research, accompanied by professional technicians nursing villages. 29 interviews were conducted, which were recorded, transcribed and analyzed, respecting all the criteria of research ethics.

While collection instrument were made conversation circles, entitled: Hypertension in Xerente indigenous people in the three villages under study, proposed by the researcher, with the presence of hypertension, healthcare professionals residing in the villages and Indians who wished to participate.

### **Analysis of the data**

Data analysis was based on Leininger <sup>7</sup>, which proposes the ethnographic method for Nursing and divided the analysis into four phases: the first phase was the collection and documentation of raw data, the second consisted in the study of data looking for the similarities and differences in statements and behavior, the third was held contextual analysis and standards, and finally the fourth stage which is the themes, relevant findings and theoretical formulations being analyzed and synthesized. Based on the obtained data, it resulted in two categories: "High blood pressure in the perception of indigenous" and "The meaning of power to the natives." For the identification and recognition of speech of the 29 indigenous participants of the research was used the letter X (from Xerente) followed by numbers 1-29.

### **Ethical Aspects**

Considering the ethical issues that govern research involving human subjects, this was carried out under Resolution No. 466 of December 12, 2012 <sup>8</sup> of the National Health Council and only began with the approval by the Ethics Committee of the Federal University of Tocantins by means of the consolidated, nº 211/2013 procedure.

To carry out field research was required formal authorization of the National Indian Foundation (FUNAI) and the DSEI - Polo Indigenous Health Base Tocantínia. As also requested informal authorization of "caciques", elders and leaders to enter the villages.

Participants were instructed about the research, that it does not entail burden and not risk their physical and cultural integrity. It discussed the Informed Consent and Informed with those who agreed to participate in the study who signed the term to start the search. As well as to interview the indigenous woman, the man responsible for the authorization of the family was needed for that used the Declaration of Responsible participant.

The research was developed based on all ethical aspects that guide its development, aiming to achieve the proposed objective, so that the cultural values of the study population were respected and preserved.

## RESULTS AND DISCUSSION

### Demographic Data

The participants were 29 hypertensive Indians, among them 9 are the village Hopper, 12 village Salto and 8 village Porteira. In general, the Indians had a mean age of 53 years, between 32-80 years and 13 male participants and 16 female. When asked how long ago acquired hypertension, the reports were 1-12 years old, then showing that hypertension is a recent illness for most of the Indians.

Regarding lifestyle, the 29 participants said that with the years there was a change in their eating habits, and 20 said they already had the habit of smoking or are smokers and 17 have already made use of alcoholic beverages or make use . Considering the lack of physical activity, 20 said they do not perform physical exercises, 7 held at times and only 2 perform daily.

It was also found that family income of indigenous people is arising mainly crafts and stemmed aid from the federal government (family allowance, sickness, retirement, etc.), given that the 29 hypertensive patients, almost half are illiterate and too few completed primary school.

### High blood pressure in the perception of the indigenous

With the lines obtained in interviews and conversation circles, we found that for indigenous high blood pressure or hypertension is a recent illness and believe that the rise was due to the change in diet and the constant contact with the city, it is found in speaks of the 29 indigenous research participants.

It was possible to understand that for Xerente the high pressure setting consists of their symptoms as well as the appearance of this disease is directly related to the changes in your eating habits. As well as the Xerente reported that after the disease emerged the difficulties of carrying out their daily activities in the villages.

There was most Indians did not know discuss the definition of high blood pressure, but they could report their feelings when it remains high. Some have expressed ignorance of the disease, but most said by symptoms know when your blood pressure is high because they feel headache, dizziness, rapid heart or chest pain. Thus, we note the following with the speeches of the Indians:

*"High blood pressure I feel that stirs the heart of the people, then I feel dizzy if I did not take the drug (...)." (X4, 73, Village Hopper).*

*"I did not even know what it was high blood pressure, I do not know what's causing, where it comes from. When the warmth hurts the head and the heart is accelerated." (X19, 61, Village Salto).*

*"Nobody ever explained to me what is high blood pressure." (X26, 54, Village Porteira).*

As it comes to individuals in a culturally defined context was observed in the statements, that the understanding of indigenous about hypertension is related to what they feel, because high blood pressure is a recent disease in the villages. Although some knowing the meaning of the disease, most of them could report that they feel when the blood pressure is high.

However, for certain authors, hypertension is often a silent disease, painless and asymptomatic, which can lead to death, as it causes changes in target organs: brain, heart and kidneys<sup>9</sup>.

Although some authors assert that high blood pressure is asymptomatic, other authors corroborate the study by bringing the ratio of high pressure with some symptoms described by the Indians. Make sure that the SAH can facilitate changes in the heart and blood vessels, these changes alter the supply of oxygen and nutrients to the living cells, which affects the normal functions of cells. Thus, the high pressure can cause vestibular disorders that affect the body's balance and can lead to dizziness or vertigo<sup>10</sup>.

Cardiovascular risk factors can influence the dynamic balance, so it is considered that the vascular changes such as hypertension, can change the vestibular system causing dizziness<sup>11</sup>. In fact, it was noticed that the symptoms described by Xerente have scientific evidence as although some authors affirm that hypertension is a silent disease, several studies bring the relationship of hypertension with their symptoms described by the Indians.

Regarding the emergence of high pressure in the villages to the indigenous people Xerente the factors that led are directly related to the change in eating habits, because once the Indians only fed the native products and according to reports, after contact with the city there were changes the dietary patterns and food preparation mode, as the following statements:

*"I believe it was because of the food, (...) I just ate typical thing (...), did not have much fat, I've thought a lot, I analyzed, I believe that this disease came because of it." (X12, 43, Village Salto).*

*"I think the disease comes with the food (...), I did not have that high pressure (...). When I was younger I listened not to mention these diseases, I think what is driving the Indians getting sick is the power. Previously our parents had no money to buy these things in the city, not now, almost everyone has an income, retirement, family allowance (...)." (X25, 54, Village Porteira).*

*To talk about the rise of high pressure in the village, we found that the natives believe that with the proximity and easy access to the city's food, which led to the rise of high pressure. (Note, Village Funnel, 10/04/2014).*

Could sure emergence of hypertension in the perception of the indigenous is associated with the change in their eating habits because of contact with the non-Indian community. Out of this understanding, we can see that there is a standardization of how understand the process of becoming ill, since all indigenous participants in the survey said that the emergence of upward pressure on Xerentes happened because of the change in power.

Based on studies can confirm the statements of the indigenous people, because among the factors that cause hypertension, worth mentioning those directly related to the change in eating habits and lifestyle, as more increase cardiovascular risks<sup>12</sup>.



It is necessary to reaffirm that the change in the indigenous lifestyle occurred through contact with the non-indigenous. Thus, this can be evidenced, as there are studies with other indigenous peoples stating that contact with the man not Indian produced pathological manifestations in indigenous communities <sup>13</sup>.

So the emergence of hypertension in indigenous communities is related to the following factors: changes in production and consumption of food, reduced physical activity due to reduction or near absence of hunting, fishing and planting. This set of factors that is changing the epidemiological profile of indigenous and causing the NCD <sup>5</sup>.

Despite the indigenous believe that the change in eating habits caused hypertension, as well as authors stated this relationship, other factors that may have contributed to the etiology of hypertension were detected during the experience by the researcher in the village. It was observed that among the 29 indigenous participants, more than half reported other cases of hypertension in the family, most have made use or makes tobacco and alcohol, more than half are overweight, almost all do not realize regular physical activity and much of the indigenous people are illiterate.

Besides these, it is noteworthy that currently Xerente Indian contracts marriage with non-Indians, which leads to a change in their genetic make-up. And some studies indicate that around 30% of the Brazilian adult population has hypertension, known to remember that genetic inheritance plays a key role in the genesis of high blood pressure <sup>14</sup>.

Regarding the genetic predisposition of Brazilian Indians to develop NCDs studies were not found. But in research with indigenous Australians, it was realized that they have a reduced number of nephrons (responsible for blood filtration), which makes them a population at risk for developing hypertension and kidney disease<sup>15</sup>. Thus, it is essential that consideration be given the genetics of Brazilian Indians, not only identify the risk factors, but also to draw up specific policies for these populations.

We can confirm the speeches of the Indians, for the SAH is a multicausal and multifactorial clinical condition, therefore several factors may have caused the upward pressure on indigenous peoples. Among these factors are the life habits, genetics, socioeconomic status, because hypertension occurs more frequently in people with lower education levels. As well as excessive weight (overweight or obese), excessive salt intake, excessive intake of alcohol and physical inactivity <sup>16</sup>.

Then the rise of high pressure in the villages is mainly associated with changes in eating patterns, because the indigenous lifestyle intensely underwent changes due to contact with the non-indigenous population. Indicating that other factors such as genetics, lifestyle, and socioeconomic conditions may have contributed to the onset of hypertension in indigenous peoples.

When questioned about the difficulties after the discovery of high blood pressure, it was found that SAH on indigenous peoples Xerente considerably affected the performance of daily activities in the villages, because after acquiring high blood pressure, many reported that they can not grow food for consumption and for others, the symptoms of disease cause nuisance in their day-to-day. The following statements correspond to the difficulties reported by hypertensive:



*"(...) Changed because stopped my work. I have so desire to work, but the pressure does not leave. "(X20, 48, Village Porteira).*

*"(...) Was different, one day you're good, the other is bad. It's not like before (...). "(X7, 40, Village Hopper).*

*When visiting the home of the X21, it found that the disease really changed his life, because it reported that no longer works since acquiring hypertension, because when work feels headache and feels sick. (Note, Village Salto, 17/04/2014).*

As indigenous discoursed, make sure that after the discovery of the high pressure of indigenous daily life has changed, because it affected the "strength" and any activity that requires effort. The act of planting and physical exercise practice, to perform them the Indians go bad or feel pain in this way, are leaving their daily habits.

We can say that health is a wellness culturally defined, valued and practiced, which reflects the ability of individuals or groups perform their daily activities in culturally expressed, beneficial and standardized ways of life, thus any factor or disease that interferes with health consequently will affect the performance in activities<sup>17</sup>.

Thus, for indigenous hypertension and its complications lead to difficulties in daily life, for compromise productivity, quality of life and survival of people. What makes it difficult to control this disease is non-adherence to drug treatment because of the lack of knowledge about the disease, complications and ways of treatment <sup>18</sup>.

It is remarkable that vascular diseases contribute to the cognitive deficits that are resulting from dementia. Thus, blood pressure contributes to cognitive decline, causing major impact on social and occupational activities of individuals. For the intellectual function is strongly related to the ability to develop daily activities <sup>19</sup>.

Based on the literature, hypertension causes an increased risk of cognitive decline including slow response, memory and executive function, which affects the daily productivity. Some studies suggest that the pharmacological treatment of hypertension prevents the development and progression of cognitive decline. Therefore, some studies do not bring this relationship between hypertension and cognitive decline <sup>20</sup>.

Although some authors to ensure that there is no relationship between hypertension and cognitive decline, evidenced by the statements of other authors compared the speeches of the Indians, that the difficulty in the development of the daily activities of indigenous peoples can indeed be affected due to hypertension. Therefore, any change in the health of individuals can cause cognitive decline and affect social and occupational activities, causing a direct relationship between the disease and the performance of its activities.

**The meaning of food for the indigenous The meaning of food for the indigenous The meaning of food for the indigenous The meaning of food for the indigenous The meaning of food for the indigenous**

It should be noted that food is of tremendous significance for the usual Xerente because attach to power its "strength". According to reports, the Indians believe they are getting sick because their diet changes with the years because of the contact with the city, because before there were no cases of high blood pressure in the villages. So the Indians believe they

are getting weak due to illness caused by changes in diet and fail to develop as before their daily activities.

For the Indians, it is through food do you get the strength to develop their activities within the villages, how to plant, hunt and fish. It was found, according to the lines, that the people Xerente is getting weak mainly due to food, it took the advent of high pressure and affect their routine work, we note the following:

*"Today we are weak, any disease kills us, because of the food. We dropped our food, our culture (...). "(X3, 52, Village Hopper).*

*"When visiting the home of X22, it was observed that for this indigenous foods is bringing the power, so that with the change in power emerged diseases and the Indian was getting weak. (Note, Village Porteira, 22/04/2014). "*

*During the conversation wheel talked about the "strength" of the Indian, where a village elder told that the Indian was once stronger and is now being weakened by salt, oil, alcohol and smoking. As before not unheard of high pressure. (Note, Village Salto, 30/04/2014).*

After the reports, we note that for this culturally separate people, food represents huge significance because its strength comes from food, however we believe that it is through food that emerged diseases and consequently the Indian became weakened. In this way, the daily life of Xerente people were affected since said they are weak and unable to perform daily activities.

It is inferred that the meaning of the power to the Xerente people are focused on their culture because for most this act is synonymous with strength. Since culture is defined as values, beliefs, norms and ways of life of a particular group that guide their actions within a standardized framework <sup>7</sup>.

Thus, it was possible to clarify that the power has enormous significance in the life of Xerente people, for associate this act of force, which is related to carrying out daily activities. For we know that the act of eating is not only ingest and absorb nutrients, but is directly linked to social relations as well as being a biological necessity, a cultural element that is manifested in habits, rites and customs, marked with a power relationship<sup>21</sup>.

Then, based on the authors it is clear that the power is related to human needs, and is a cultural element of great power. Thus, it was possible to clarify with the speeches of the Indians, who feed on Xerente culture is power and is meant to force.

Regarding the change in eating habits, you must report the change in power of the indigenous people Xerente occurred after contact with the city. Before the Indians lived by gathering fruit, food arising from their plantations, hunting and fishing. But with the proximity to the non-indigenous population, these eating habits have changed. The Indian went to feed food bought in the city and how to prepare foods also undergone changes, which can be seen in the following statements:

*"Too changed formerly (...) just ate native thing without city consumption, the food was without pesticides, today everything has venom (...). So it was a darn impact that the Indians took. Because in the past the Indians did not eat salt, just ate game and fish (...), banana, cassava, it was only natural. Today is only the city, so that our illness is the same as white (...). "(X24, 45, Village Porteira).*

*"It changed because the power of our former is different from now before we ate was more muquiado (...). Muquiado is in borrai stone, they kill the game and do that muqueio first puts the wood and then stone on top to heat up, oh when is only perfection, there would put the meat on top with well covered straw to land not fall in the flesh is soft (...), and the flesh is fragrant. And it was more healthy, has no fat, salt also did not have. "(X14, 73, Village Salto).*

*During the conversation wheel, hypertensive participants reported that today all the villagers shop in the city, only use soy oil, too much salt and how to make the meat has changed, because before it was made without oil and when use was coconut. (Note, Village Funnel, 29/04/2014).*

As the reports of the natives there have been changes in food consumed and ready mode. For indigenous only fed on native foods and preparation took place without the use of salt and oil was only used when the coconut. According to the testimonies, after contact with another culture, today the Indians changed eating habits, use various spices in food preparation indiscriminately and consume the city's food.

To understand how it was the power of old Indians, around the year 1500, at the time of the colonization of Brazil, they basically lived on hunting, fishing and the use of natural food reserves, especially roots. The Indians often commuted from their homes in search of food<sup>21</sup>.

Brazilian indigenous peoples in general are undergoing changes in their lifestyle, which is reflected in changing their habits, such as their relationship with the land, labor and the power due to greater proximity of these with urban populations <sup>22</sup>. Specifically in the indigenous community Xerente, there were changes in the social and cultural organization with over the years through contact with the non-indigenous. For this people began to conduct consumer activities in the city's trade, incorporating new values, knowledge and practices in their daily lives<sup>23</sup>.

However these changes have intensified after the landmark demarcation of the indigenous area Xerente in 1971. At first these indigenous people lived by hunting, fishing and gathering supplies. With regard to dietary change, some reports claim that around 1978, already initiated changes in the lifestyle of Xerente. With the advent of civilization, hunting and fishing are no longer their main source of economy, then the Indian began to devote himself to agriculture and animal husbandry, however, have not adapted, therefore, sought in the marketing of crafts their source of income <sup>24</sup>.

In the villages, it was observed that today agriculture and animal husbandry happen on a small scale, handicraft is still present, but the income of the majority of indigenous comes from aid provided by the federal government. As a result, there was a change in the diet of Xerente since come to see the non-Indian to its supply source and were seeking financial resources to meet their needs in the trades of the city.

Then, through the authors and statements of the indigenous can show that contact with other cultural environment, provided change in eating habits of the indigenous community. Contact with the city allowed the incorporation of new life habits, which led to the change in dietary pattern Xerente people.



According to reports and observation, food is quite similar in the three villages. Most of the ingredients used come from the city market, which can be determined with the following statements:

*"Rice, beans, meat, fish, chicken. I'm creating woe chicken, fish have a guy that takes, I buy meat, my wife just loves the city chicken. The spices are the same of you: oil, tomato paste, black pepper, dye, onion, do not even know what has been done, but come (...)" (X14, 73, Village Salto).*

*"What you have: rice, flour, fish (...)." (X9, 49, Village Hopper).*

*During the conversation wheel in the village Porteira, the Indians reported the difficulty in obtaining food, because many can not afford to buy or how to plant, because the disease has no more strength to work in the fields. That is why today most of the food comes from the city. (Note, Village Porteira, 03/05/2014).*

Based on experience in the villages and the indigenous reports made sure that indigenous basically feed on rice, flour, fish, chicken, beef and game, cassava, pumpkin, corn, beans, watermelon, bananas, which are that come from the city's trade and some to a lesser extent are obtained through fishing, hunting, animal breeding, planting or gathering, among others. Also use in preparing food seasonings such as salt and soybean oil.

Other studies with indigenous populations claim that the interaction of indigenous peoples with non-indigenous society changed eating habits, so that led to dependence on food from the city's markets to ensure their livelihood<sup>5</sup>.

The evidence suggests that food obtained for consumption of indigenous peoples is still based on family relationships that allow exchange of food among families. But among the indigenous population Xerente what we observed is that they buy much of the food in the city's markets.

The difficulties of access to food and lack of financial resources<sup>25</sup> among the indigenous population was experienced in Xerente people, for some Indians do not have enough income to feed. However, many receive benefits from the federal government, and this money is buying the daily consumption of food. Yet it is important to note that after these benefits, the Indians even came to get food in the city. So the daily feeding of Xerente people are mainly settled in food found in the city's markets.



## CONCLUSION

The emergence of hypertension for indigenous Xerente is an issue that causes fear, doubts and anxieties, and for them a recent illness. Even not knowing conceptualize about the disease, they reported about the symptoms and perceived changes in your body, including relating to changes in their way of life, to new eating habits.

The association of popular and scientific knowledge is essential in a knowledge does not overlap each other, but there is ongoing dialogue to the pursuit of participatory and comprehensive care among the indigenous community and professionals. For this, the carrying out health education activities is required, by questioning and enabling the participation of indigenous and enhancing speech in the group, because the collective meeting the anxieties about the health-disease process, doubts about the medications and the questions are worked out, causing them to reflection and change.

In this context of change, the indigenous need to understand the disease process so that in fact are faced with autonomy, redeemable its historicity, to participate and decide on the actions that involve your health. With this, it is necessary that health professionals who follow this population to act with sensitivity and openness to listen and exchange of knowledge in order to meet the needs of indigenous peoples and respect their cultural values.

Studies about the indigenous health are scarce, therefore, there is need for research that elucidates the way of seeing the Indian on NCDs. That the process of training in the gym can provide students and professional technical and scientific skills with a focus on historical aspects partner, redeemable for recovery and humanization of the other in the context in which they live. Expanding and strengthening public policies that already exist and lifelong learning contemplating the organization and the work of professionals involved in these services.

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